

C AND O EMPLOYEES' HOSPITAL ASSOCIATION

427 E. RIDGEWAY STREET · CLIFTON FORGE, VIRGINIA 24422
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1897-Present MORE THAN 100 YEARS OF EXCELLENCE

TIM BRADEN
VICE PRESIDENT

KENNETH R. FARLEY
PRESIDENT

JONATHAN BARRON
SECRETARY/TREASURER

METHOD OF PAYMENT FORM

Choose One:

_____ I wish to pay directly to the Association either quarterly, semi-annually or annually. Circle one and fill in your social security number and signature at the bottom.

_____ I wish to participate in the automatic dues deduction program. I have completed the following information and have included a voided check to verify this information.

I, _____ (please print), do hereby authorize the C and O Employees Hospital Association to initiate direct deduction from my checking account for my monthly dues premium for health insurance. I understand that my premium deduction may increase and that I may cancel the automatic deduction at any time. I understand this premium will be deducted the 5th of each month. The current monthly rate is \$ _____.

_____ Name of Bank
_____ Street Address of Bank
_____ City and State of Bank
_____ Phone Number of Bank
_____ Checking Account Number
_____ Routing Transit Number (first 9 digits located on check)
_____ Your Social Security Number
_____ Signature